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MEDICAID PROGRAM in Alaska

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Administered by:

STATE OF ALASKA
DEPARTMENT OF HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC HEALTH

Jay S. Hammond, Governor Helen D. Beirne, Commissioner

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The Medicaid Program pays medical expenses for eligible, low-income people. Under agreement with the U.S. Department of Health, Education, and Welfare, the Alaska Division of Public Assistance runs the program through its local offices and fee agents. This booklet explains the rules, and tells you how to apply for and use Medicaid coupons. For more information, ask your local public assistance office or village fee agent.

1 FILE AN APPLICATION FORM

* To be eligible for Medicaid you must usually be eligible for the:

  Aid to Families with Dependent Children Program (AFDC)
  OR
  Adult Public Assistance Program (APA)
  OR
  Supplemental Security Income (SSI)

* Certain people not eligible to receive benefits under the AFDC, APA, or SSI programs may still be eligible to receive Medicaid. This special group of people includes:

  1. Juveniles who are in the protective custody of the Department of Health & Social Services whose available financial resources do not exceed the AFDC need standard for a single person;

  2. Persons in health care facilities on an inpatient basis whose income does not exceed 300 percent of the current SSI payment standard;

  3. All individuals under age 21 who would be, except for age or attendance requirements, dependent children under the AFDC program;

  4. Certain families who become ineligible for AFDC payments due to increased earnings;

  5. Those reasonably classified individuals under age 21 who are in an intermediate care facility for the mentally retarded or persons with related conditions;

  6. Those reasonably classified individuals age 21 and under who are receiving active treatment in an inpatient psychiatric facility;

  7. Individuals under age 18 who meet the SSI eligibility requirements.

* The public assistance office or village fee agent will give you an application for either AFDC or APA. Your local federal Social Security Administration office or their traveling representative will help you apply for SSI. Addresses for Social Security offices are listed in Section 13 of this booklet.

* If you qualify for AFDC or APA, you will be mailed a check and Medicaid coupons within approximately 30 days from the date the office received your application.

* If you qualify for SSI, you must still apply separately at the public assistance office for APA cash benefits and for Medicaid coverage.

* You can apply for food stamps at the same time you apply for AFDC or APA and Medicaid.

2 AFDC, APA, AND SSI

* Aid to Families with Dependent Children (AFDC) is a program which gives money for children of eligible low-income families who are deprived of one or both of their natural or adopted parents.

* Adult Public Assistance (APA) is a program that includes three categories of eligibility (Old Age Assistance, Aid to the Blind, and Aid to the Disabled) and provides a supplemental payment to low-income adults whose income is not enough to provide for their own basic needs. All adults who qualify for APA must be either blind, OR 65 or older, OR physically or mentally disabled.

* Supplemental Security Income (SSI) is a federal program for low-income adults who are either blind, OR 65 or older, OR physically or mentally disabled. It also provides cash assistance for low-income children who are either blind or disabled.

3 HAVE AN INTERVIEW

* When you turn in your application, a worker will usually hold a confidential interview with you.

* At the interview, the worker will explain the program rules and go over the information on your application. The worker will help you complete any of the application form you have not been able to fill out. Ask the worker to explain anything that you do not understand. It's important that you understand the rules.

* Interviews are held at the public assistance office or at the fee agent's location. If no one in your household can go the interview, an adult friend or relative who knows your circumstances may go to be interviewed for you.

* If you are disabled or are unable to go to the interview and no one can go for you, let the office know. It may be possible to arrange an interview at your home or by telephone.

* If you live too far from an office or a fee agent, if you are ill, or if you do not have any transportation to an office, you won't have to have an interview.

4 MEET ELIGIBILITY RULES AND PROVIDE PROOF THAT YOU ARE ELIGIBLE

* When you apply, you must show the Division of Public Assistance certain papers and give them information to prove you are eligible. Papers you need for proof may include birth certificates, paycheck stubs, fish tickets, recent income tax returns or other proof of your age, relationship, and income.

You should also be prepared to list your resources (property other than your home) such as cars, boats, savings accounts, and other valuables.

If you have trouble getting the documents or information you need, the division will help you. If the papers are not available, you may give the name of someone outside of your household and family, such as employer, who can confirm your statements.

Eligibility rules and proofs you may have to provide to support your application are different for each type of assistance. Your eligibility worker or fee agent will tell you what documents and information are necessary.

5 RECEIVE A NOTICE THAT THAT TELLS YOU IF YOU QUALIFY

* After reviewing your application, the public assistance office will send you a Notice of Finding.

* If you do not qualify, the Notice will explain why.

* If you do qualify, the Notice will explain when your cash and Medicaid benefits will begin. It's possible that your bills from past months may also be paid by Medicaid.

* If you think your application has been wrongly denied, you should tell the public assistance office. If they do not agree, you can ask for a fair hearing. For more information about fair hearings, see Section 10.

6 RECEIVE YOUR MEDICAID COUPONS

* If the office finds that you are eligible, you will get your Medicaid coupons no later than 30 days from the date you first applied.

* Medicaid coupons are either handwritten or printed by machine. Both types of coupons are equally valuable.

* You will receive five Medicaid coupons. They will be printed with the names of everyone in your household who is eligible for Medicaid. Everyone listed can legally use the coupons.

* Medicaid coupons are dated for one month and can only be used to pay for medical care received during that month.

* If you need more Medicaid coupons, you can request them from the public assistance office.

* Medicaid is a "last pay" program. This means that Medicaid will only pay your health provider for the part of his bill that isn't paid by your private or union health insurance, by Medicare, (see Section 13) or other insurance programs. When you apply for Medicaid, you must list any other sources of medical payments you have. You should also tell your doctor, hospital, etc. about them when you get service.

* To use your Medicaid coupons you must give them to the doctor, hospital, or other health care provider when you receive medical care. It is very important to remember to give your Medicaid coupon to your health care provider. The coupon tells the doctor, clinic, etc. that you are eligible for that month for Medicaid benefits. Without the coupon, your bill cannot be correctly submitted for payment.

7 USE YOUR MEDICAID COUPONS

* Most health care providers in Alaska participate in the Medicaid program. This means you can usually choose the doctor you would like to visit. If you are eligible for both Public Health Service and Medicaid, you also have the choice of going to the local Alaska Area Native Health Service (AANHS) or a private doctor.

If the medical treatment you need is not available in your area, payment for transporation may be provided to the nearest location where you can receive the necessary medical care.

When you are Medicaid-eligible and receive a Medicaid-covered service from a doctor or other health practitioner who is enrolled in the Medicaid program, he cannot ask you to pay for all or for any part of that service--even if Medicaid and any other health coverage you have doesn't pay all of his charges. If he bills the Division of Public Assistance, he must accept the Medicaid fee as the total payment for your bill.

Medicaid doesn't pay for every kind of medical and psychological care. If you want to be sure that Medicaid will pay for the services you want or need, your medical provider can tell you. The following list of services are paid by Medicaid:

1. hospital--inpatient and outpatient
2. skilled nursing facility
3. intermediate care facility
4. intermediate care facility for mentally retarded persons and persons with related conditions
5. laboratory and X-ray services
6. physician services
7. visual care services and dispensing
8. opthalmic materials
9. medical transportation
10. speech, hearing, and language services
11. psychiatric facility services (if you are under 21 or over 65)
12. home health care services
13. community mental health clinics
14. family planning services
15. outpatient surgical care centers
16. rural health clinics
17. early periodic screening, diagnosis, and treatment (EPSDT) of individuals under 21 years of age

Payment of service is made directly to doctors, hospitals, and other providers of health care based on invoices submitted by the provider. Invoices must be accompanied by a coupon which you must surrender at the time service is provided.

8 SERVICES NOT COVERED BY MEDICAID

Most Medicaid-eligible people automatically qualify for coverage under the General Relief-Medical program (GRM). Payment is available through the GRM program for all Medicaid-eligible people for the medical services and supplies listed below when those services are not otherwise available under the Medicaid program :

(1) dental care–limited to emergency treatment for relief of pain and acute infection;

(2) family planning services;

(3) pharmaceuticals and over-the-counter drugs;

(4) physical and occupational therapy;

(5) prosthetic devices and medical supplies.

More information about the GRM program is provided in Section 13 of this booklet.

* It is your responsibility to pay for any medical treatment not covered by Medicaid or GRM.

The following services are NOT covered by Medicaid :

(1) Any medical expense which is not reasonably necessary for the diagnosis and treatment of illness or injury or for the correction of an organic system;

(2) Items and services not properly prescribed or determined necessary by a health care practitioner;

(3) Expenses incurred for evaluative or periodic check-ups, examinations, or immunizations in connection with the participation, enrollment, attendance, or accomplishment of a program or activity not related to your physical or mental health or rehabilitation which does not meet the criteria of (1) above, is not provided as part of an EPSDT screeening (see Section 12), or is not a physical examination required by the Division of Public Assistance for the purpose of determining eligibility;

(4) Any expense which is for or in connection with cosmetic therapy or cosmetic surgery, except that Medicaid coverage is available when required for repair of accidental injury, for the improvement of the functioning of a malformed body member, or for the correction of a visible disfigurement which would materially affect your acceptance in society, and when performed within the normal course of treatment or otherwise beginning no later than one year after the event which caused the need for that corrective action;

(5) Any expense which constitutes a non-medical charge imposed by a friend or relative, except when payment is made for medical transporation ;

(6) Any medical expense which is for persons who are in the care and custody of federal, state, or local penal facilities, including juveniles in detention facilities.

* The services of the following practitioners are NOT covered under the Medicaid program in Alaska :

(1) chiropractors ;

(2) Christian Science practitioners or theological healers;

(3) naturopaths;

(4) podiatrists;

(5) private psychologists ;

(6) any other licensed or unlicensed practitioners not enrolled in the Medicaid Program as providers.

9 YOU MUST REPORT CHANGES IN YOUR CIRCUMSTANCES

* You must report changes promptly.

* You can report changes by contacting the public assistance office or your fee agent. However, it is better to fill out the change report form included with your AFDC or APA check and mail it to the office.

IT IS EXTREMELY IMPORTANT THAT YOU REPORT CHANGES, SO THAT YOUR HOUSEHOLD RECEIVES THE RIGHT AMOUNT OF BENEFITS.

Changes that you must report include :

--- Changes in mailing or residence address;

--- Movement of a related person into or out of the household;

--- Increase, decrease, or change in source of income in the household;

--- Any change in resources of the household;

--- Any change in the costs of rent, mortgage payment, taxes or insurance;

--- Change in eligibility status of any household member for other benefits;

--- Death of a household member;

--- Change in marital status of any household member;

--- Change in school attendance of any household member;

--- Placement of a child in the custody of the Department of Health & Social Services;

--- Improvement in the condition of a blind or disabled person;

--- Refusal to accept vocational rehabilitation services;

--- Departure from the state, the United States, or both;

--- Refusal to accept treatment, or discontinuing treatment for drug addiction or alcoholism; and

--- Admission to or discharge from a public institution, hospital, or nursing home.

10 YOUR RIGHTS

YOU HAVE THE RIGHT TO.....

* Apply for, or request information about any assistance payments program or social service available from the Department of Health & Social Services including the following :

  --- Family Planning
  -- Child Protection
  --- Alcoholic Rehabilitation
  --- Family Counseling
  -- Homemakers
  --- Day Care
  --- Information and Referral Supportive Services for Children.

  (You are eligible for family planning services for three months from the date of your application for AFDC even if you are found ineligible.)

* Receive courteous and fair treatment with no discrimination because of race, color, creed, religion, political belief, marital status, national origin, age, or sex.

* Receive a prompt written decision of your eligibility.

* Receive help from the department in obtaining child support for your children, if you are requesting assistance for children.

* Receive free, regularly scheduled physical examinations, diagnosis, and treatment for most medical problems for all children and adults under 21 who are eligible for Medicaid, under a program called EPSDT.

* Understand that information you give to the Division of Public Assistance will not be disclosed or used for purposes other than those connected with the administration of the public assistance laws of Alaska.

* Request a hearing by a fair and impartial person if you are dissatisfied by a delay or with the decision on your eligibility or the amount of assistance provided to you.

At a fair hearing you can explain to a hearing official why you disagree with an action the public assistance office has taken on your case.

If the hearing official decides you are right, you will continue to receive, or will begin to receive, the correct amount of benefits. If the official decides the public assistance office is right, you will be asked to repay the value of any assistance you were not entitled to receive.

You can ask the public assistance office for a fair hearing in writing, in person , or over the phone.

You can ask a friend or a representative from Alaska Legal Services or anyone else to help you prepare for the hearing and to attend the hearing with you.

The hearing will be scheduled at a time and place that are reasonably convenient for you.

11 YOUR RESPONSIBILITIES

YOU HAVE A RESPONSIBILITY TO.....

* Provide correct and complete information on your application and on all other forms related to your application and your eligibility for assistance.

* Cooperate in providing information about absent parents who are responsible for the children in your care.

* Accept any medical examinations necessary to determine your eligibility.

* Cooperate with the Division of Public Assistance in verifying your situation and the information you provide.

* Register for the Work Incentive Program when your youngest child reaches six years of age.

* Never allow anyone to use your Medicaid coupons or ID card, unless the person is named on the card or coupon as an eligible recipient.

* Apply for and make use of any benefits which you, or those for whom you want help, may be eligible, such as Unemployment Compensation, Social Security, Veteran's Benefits, etc.

* Tell the Division of Public Assistance promptly as changes in your situation occur which may affect your eligibility or the amount of assistance you are paid.

* Advise the Division of Public Assistance of any settlement in your favor as a result of an accident, and grant permission to the State of Alaska, Division of Public Assistance to file a claim against the settlement for medical bills paid in your behalf.

12 EARLY AND PERIODIC SCREENING, DIAGNOSIS & TREATMENT

EPSDT is part of the Medicaid Program and is mainly a preventive health program for children. The goal is to find children who have diseases or abnormalities and to prevent or correct handicaps by giving them medical treatment and rehabilitation as early as possible.

EPSDT services are available to all persons under 21 who are receiving, or are eligible to receive, Medicaid benefits.

EPSDT offers all the coverage available under Medicaid as well as the following special services :

1. physical exam and diagnosis
2. dental care
3. prosthetic devices (leg braces, wheel chairs, etc.) and medical supplies
4. physical therapy
5. immunizations
6. health and nutrition counseling.

13 OTHER MEDICAL PROGRAMS

GENERAL RELIEF-MEDICAL (GRM)

The General Relief-Medical Program (GRM), which is administered by the Division of Public Assistance, is a 100% state-funded program that provides for the payment of providers of medical and emergency dental care for eligible low-income Alaskans.

GRM is considered a "last resort" assistance program. AFDC and APA recipients are automatically eligible for Medicaid and are therefore eligible for GRM benefits only for services not covered by Medicaid.

Applications for GRM are available at State Division of Public Assistance offices.

CATASTROPHIC ILLNESS PROGRAM

The Catastrophic Illness Program,which is administered by the Division of Public Assistance and a committee appointed by the Governor's Office, is a 100% state-funded program that pays providers of medical services.

The purpose of the program is to financially assist residents of Alaska who have suffered and received treatment for a catastrophic illness or injury. A catastrophic illness or injury is one which results in medical expenses of over $1000 during a period of not more than 12 months–after all other sources of medical payment (insurance, etc.) have been used.

Applications for the Catastrophic Illness Program can be obtained at State Division of Public Assistance offices or by writing to:

Catastrophic Illness Program
Division of Public Assistance
Pouch H-07D
Juneau, Alaska 99811

Medicare is a federal health insurance program for certain kinds of individuals regardless of the amount of their income and resources :

-- the aged (65 and older)
--- the blind
--- the disabled
--- persons with certain permanent kidney failure

Although the name of the program "Medicare" is very similar to the name of the program "Medicaid" which is administered by the state Division of Public Assistance, Medicare is a completely separate and different program, administered by private health insurance companies.

Medicare is a two part program. Part A, available to all Medicare beneficiaries without charge, provides coverage for inpatient hospital services. Part B, which is available for a small monthly charge, provides coverage for outpatient and physician services. Detailed information about the Medicare program is available at any Social Security Administration office. In Alaska, Social Security offices are located at the following addresses :

Social Security Administration
P.O. Box 5837
Ketchikan, Alaska 99901

Social Security Administration
P.O. Box 1327
Juneau, Alaska 99802

Social Security Administration
P.O. Box 2600
Anchorage, Alaska 99510

Social Security Administration
P.O. Box 1449
Fairbanks, Alaska 99701

Information about Medicare can also be obtained by calling these toll-free numbers :

Juneau.....Zenith 5000

Anchorage.....Zenith 7777

Fairbanks.....Zenith 8888

14 DIVISION OF PUBLIC ASSISTANCE OFFICES

ANCHORAGE . . . . . .4th and Gambell
Anchorage, Alaska 99501
Phone: 274-6524

ANIAK . . . . . .Box 63
Aniak, Alaska 99557
Phone: 675-4351 (Fee Agent)

BETHEL . . . . . .Box 365
Bethel, Alaska 99559
Phone: 543-2686

DILLINGHAM . . . . . .Box 221
Dillingham, Alaska 99576
Phone: 842-5961

FAIRBANKS . . . . . .675 7th Street, Section F
Fairbanks, Alaska 99701
Phone: 452-1637

FORT YUKON. . . . . .Box 149
Fort Yukon, Alaska 99740
Phone: 662-2327

GALENA. . . . . .Box 239
Galena, Alaska 99741
Phone: 656-1260

JUNEAU . . . . . .419 Sixth Street
Juneau, Alaska 99811
Phone: 465-3551

KENAI . . . . . .Box 3613
Kenai, Alaska 99611
Phone: 283-3124

KETCHIKAN. . . . . .222 NBA Building
Ketchikan, Alaska 99901
Phone: 225-2135

KODIAK. . . . . .Box 2515
Kodiak, Alaska 99615
Phone: 486-3783

KOTZEBUE. . . . . .Box 41
Kotzebue, Alaska 99752
Phone: 442-3451

NOME. . . . . .Box 221
Nome, Alaska 99762
Phone: 443-2237

PALMER. . . . . .Box 901
Palmer, Alaska 99645
Phone: 745-4217

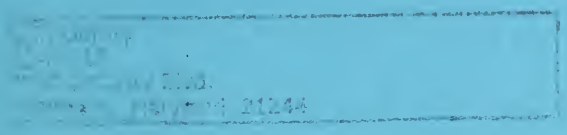
PETERSBURG. . . . . .Box 1089
Petersburg, Alaska 99833
Phone: 772-3565

SITKA . . . . . .Box 1069
Sitka, Alaska 99835
Phone: 747-8234

UNALAKLEET . . . . . .Box 40
Unalakleet, Alaska 99684
Phone: 624-3601

VALDEZ. . . . . .Box 750
Valdez, Alaska 99686
Phone: 835-2535

In rural communities where there isn't a district office, the Division of Public Assistance has paid volunteers, called fee agents, who can assist people to apply for Public Assistance Programs.



ABOUT THE COVER:

Antler was used for this spirit canoe in the shape of a sea lion. The seven figures represent people who were drowned when their boat was seized by an octopus. Among Salish groups, shamans performed a ceremony in which they paddled a spirit canoe to the land of the dead to bring back the soul of a person who had become ill because he had lost his soul.

Tlingit design. from the Museum of the American Indian, Heye Foundation. From THE ART OF THE NORTHWEST COAST INDIANS by Shirley Glubok

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